

PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, June 8, 2017 at Brown County Health & Human Services; Boardroom A; 111 N. Jefferson Street; Green Bay, WI 54301

Present: Chairman Tom Lund
Jesse Brunette, Bill Clancy, JoAnn Grascberger, Craig Huxford, Susan Hyland,
Paula Laundrie, Aaron Linssen

Excused: Carole Andrews

Also Present: Erik Pritzl, Executive Director
Nancy Fennema, Deputy Director
Eric Johnson, Finance Manager
Luke Schubert, Hospital & Nursing Home Administrator

1. **Call Meeting to Order:**
The meeting was called to order by Chairman Tom Lund at 5:15 pm.
2. **Approve/Modify Agenda:**
LAUNDRIE / LINSSEN moved to approve the agenda.
The motion was passed unanimously.
3. **Approve Minutes of May 11, 2017 Human Services Board Meeting:**
GRASCHBERGER / CLANCY moved to approve the minutes dated May 11, 2017.
The motion was passed unanimously.
- 4a. **Public Hearing 2018 Budget:**
The Public Hearing was opened, and at this time no members of the public had arrived. Chairman Lund left this item on the agenda until the end of the meeting to allow members of the public to arrive.
5. **Executive Director's Report:**
Executive Director Pritzl handed out copies of his report (attached) and highlighted a few items.

Child Protective Services

On May 31, Executive Pritzl attended the *Marks that Matter—Detection of Physical Abuse in Young Children* training seminar at UWGB featuring Dr. Lynn Sheets from Children's Hospital of Wisconsin. Approximately 100 people were in attendance from a variety of disciplines, and this event is something fairly new and cutting edge in the region.

The event provided training to law enforcement, medical providers, department staff, school staff, and other community agencies related to detecting, reporting and investigating sentinel injuries in young children. Dr. Sheets spoke during the morning session about all injuries, detection, what you could see, what they might indicate; and then what should be done in response – full medical exams, skeletal surveys, etc. because the small injury you see might be indicative of something bigger.

The afternoon session was panel of presenters from various roles speaking to their involvement in the process and a case was presented detailing how various roles could collaborate.

HUXFORD: As a former Child Protection Investigator, he mentioned a recent case in the news of a young child that died from child abuse.

PRITZL: During the training seminar examples were given that if a child had been seen at other points by medical providers, and maybe if some injuries were recorded, did they actually report it? Following this training, those in attendance are more likely to report it and get authorities to look at it.

LAUNDRIE: Could HS Board members be made aware of events like this in the future so members could attend if they wanted?

PRITZL: United Way money, through the County Board, helps pay for these types of training. We can provide a notice to HS Board members.

LUND: The youngest are most at risk because they are not seen by many (outside the home); school-aged children are seen by teachers, counselors, child care providers, etc. so more chances for reporting.

PRITZL: The training discussed the explanations people give when asked about an injury and how those explanations might not be consistent with the injury. Training talked about how to ask questions and how you ask questions in different ways.

Adult Behavioral Health

The Comprehensive Community Services (CCS) program is a case management recovery-based program for adults and children who need ongoing services for a mental health need, substance use, or a dual-diagnosis beyond occasional outpatient care, but less than the intensive care provided in an inpatient setting. It encompasses service facilitation/case management that we provide, as well as services provided through contracts with providers.

PRITZL mentioned the involvement of Nancy Fennema, Ian Agar and Kimberly Collins among many others. The new electronic health records software, Avatar, also plays a part in this program.

FENNEMA said it is one of the most complex programs to administer because we need to bill by professional, by service, by credential, by unit of service. It is 100% reimbursable and it is rehabilitative-based, so it is not for anyone whose difficulty is long-term, it is not for maintaining people.

HUXFORD: Do you find increases related to mental health, substance abuse, or a combination of the two?

FENNEMA: Off the top of my head, more mental health. It is probably both, but I will follow up.

PRITZL stated the County is very fortunate to have Kimberly Collins as the supervisor over this program.

Mental Health Initiatives

Over 100 participants in Day Report Center, and have started to report people successfully completing supervision. These are people who are able to be outside of the jail and are able to report to the Center.

LUND: What do you work on with the clients besides mental health?

PRITZL: Different groups, individual sessions, vocational support, job search support – there are computers they can come in and use in the Center – cognition programming, counseling

in mental health and substance use. They offer a lot of different groups and opportunities and people are taking advantage of them more and more.

Residential treatment utilization has increased as well, which is good to see for substance use as people are getting treatment

Community Treatment Center

We are higher in average daily census. Overall, we have been more successful in not sending people to Winnebago on a regular basis. If we do, it is because a situation we could not handle based on service capacity.

Bay Haven (CBRF) utilization is higher than last year. Not only for crisis stabilization, but also some adult protective services (APS) placements too.

CLANCY: How many of the clients are on medications that need to be supplied daily? Is there a large population on medication, or is it a behavioral thing that you just work through?

PRITZL: There could be a need for a daily medication, but when the person presents to us, they might not have those medications or be taking them as prescribed.

SCHUBERT: The majority of people that come to us, yes, are put on some medication for stabilization. Some may just need the structured treatment, but usually there is a medication component that the psychiatrist will prescribe.

HUXFORD / HYLAND moved to receive and place on file.
Motion was carried unanimously.

6. CTC Administrator Report including NPC Monthly Report:

Hospital & Nursing Home Administrator, Luke Schubert handed out his NPC Monthly Report in the agenda packet (attached).

- More secure fencing has been installed.
- The new Call Light System has been installed and is set to go live next Wednesday (June 14); staff training on system use and protocols starts next week.
- No hospital or health inspections

LAUNDRIE: When I look at "Return from Conditional Release," for May there were 7 returns, how much time lapses between discharge and re-entry? Is there a typical time or reason?

SCHUBERT: It comes out of Community Services where over 6 months a Case Manager can decide if they violated a condition of their agreement, they can return based on a referral from their Case Manager.

LAUNDRIE: Do they typically wear a bracelet? Is that how you keep track of them?

SCHUBERT: No, it would be a condition of their agreed upon plan to safely be managed in a home, with a support network, and the client meeting the needs of the treatment plan. But if the client violates those conditions, and becomes unstable, the Case Manager can then return.

LAUNDRIE / GRASCHBERGER moved to receive and place on file.
Motion was carried unanimously.

7. Presentation on Long-Term Care Mega Rule:

Hospital & Nursing Home Administrator, Luke Schubert gave a presentation of new "Mega Rule" Regulation Reform in skilled nursing facility operations (presentation slides are attached)

The annual 4-day health inspection of Bayshore Village ended today (June 8). The average number of citations for facilities this year is 7.5, and Bayshore Village has the potential for a deficiency-free survey. The only area of a potential deficiency was a contracted service/agency we use that didn't have a background check completed in 4 years, making their process out of compliance.

HUXFORD stated he saw how much work had been put into Phase 1, and could not see implementing it all with the existing manpower.

CLANCY: If Phase 1 is implemented, and then go to Phases 2 & 3, is there staff available for all of this?

SCHUBERT: That is our conundrum. We did for this Phase (1). We had lots of people put in extra hours and time at home doing it, and we made it work. It's a lot for a single entity.

CLANCY: Is there compensation for the extra hours?

LAUNDRIE: Comp time or something? But then when can you take the comp time?

SCHUBERT: Erik (Pritzl) has been very supportive if we've asked for extra help. I have a lot of hard-working people who have taken it on. It is hard to dissect to a new person. There are a lot of intricacies of how we operate, and you need expertise. You need a coordinator, and our Health Information Manager stepped up to the plate on this. You need the expertise in the room – the Social Services director, you need the Director of Nursing, the Administrator, Corporation Counsel – people who know Brown County's systems.

PRITZL: Brown County Health & Human Services is lucky we have the staff we do in some of these areas – whether at the CTC or Community Services. I think of some of the new requirements that come along in Child Protection and other areas; they may not be 800 pages (like the new Mega Rule), but I can assure you if you took all of the Child Welfare manual, and printed it out, it is probably close to 600 pages.

FENNEMA: The New Ongoing Standards alone were 400.

PRITZL: We have staff that are stepping up all over the place -- every day -- we are not adding staff administratively to handle this. We are probably as far as we can go to ask people to do what they do, and we are getting push back every once in a while, but most of the time, they just do it. And we are lucky to have them.

LAUNDRIE: I think that's great, however, I would just caution that people stepping up is great, but that people take care of themselves and their families too.

CLANCY: You hate to have someone so well positioned, and they say, "I can go to this other place where my expertise is really appreciated." We don't want that to happen.

CLANCY, LAUNDRIE and LUND thanked SCHUBERT for the report.

LINSSEN / HYLUND moved to receive and place on file.
Motion was carried unanimously.

8. Financial Report for Community Treatment Center and Community Services:

Finance Manager Eric Johnson handed out the YTD Report and highlighted some points:

Both Operations – Community Treatment Center and Community Services – are both within about 0.5% of budget.

Community Treatment Center

About \$66,000 variance YTD is partly from revenues to fill CBRF shortfalls, due to significant change in billing method.

In the Amended Budget, there is \$176,000 from insurance reimbursement to replace the nurse call system (from the lightning strike).

Expenses are slightly over budget due to staffing needs for one-to-one care needs. Due to higher level of cases we are taking on in the Nursing Home and CBRF, one-on-one care needs are increasing.

Equipment non-outlay expense is high YTD, due to specialty beds purchased to relieve rental costs. Even though the amount is budgeted across the whole year, it had to be paid out at the beginning.

Community Services

Overall YTD results for Community Services show an unfavorable variance of approximately \$260,000 or 0.5% due to intra-county charges, primarily from Technology Services.

LAUNDRIE / GRASCHBERGER moved to receive and place on file.
Motion was carried unanimously.

9. Statistical Reports:

Please refer to the packet which includes this information.

LINSSEN / HYLUND moved to receive and place on file.
Motion was carried unanimously.

10. Request for New Non-Continuous Provider & New Provider Contract:

Please refer to the packet which includes this information.

LAUNDRIE / HUXFORD moved to receive and place on file.
Motion was carried unanimously.

11. Other Matters:

No other matters were brought before the Board.

4b. Public Hearing 2018 Budget:

Having no members of the public arrive, Chairman Lund closed the public hearing and encouraged any interested parties to email or mail comments, to be read at the next meeting.

Next Meeting: Thursday, July 13, 2017 at 5:15 p.m.
Community Treatment Center; 3150 Gershwin Drive; Room 365;
Green Bay, WI 54311

12. Adjourn Business Meeting:

CLANCY / BRUNETTE moved to adjourn.

Motion passed unanimously.

Chairman Lund adjourned the meeting at 6:08 p.m.

Respectfully Submitted,
Catherine Foss, Office Manager

BROWN COUNTY HEALTH AND HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6126

Erik Pritzl Executive Director

To: Human Services Board
Human Services Committee

From: Erik Pritzl, Executive Director

Date: June 8, 2017

Re: Executive Director's Report

Community Services:

Child Protective Services

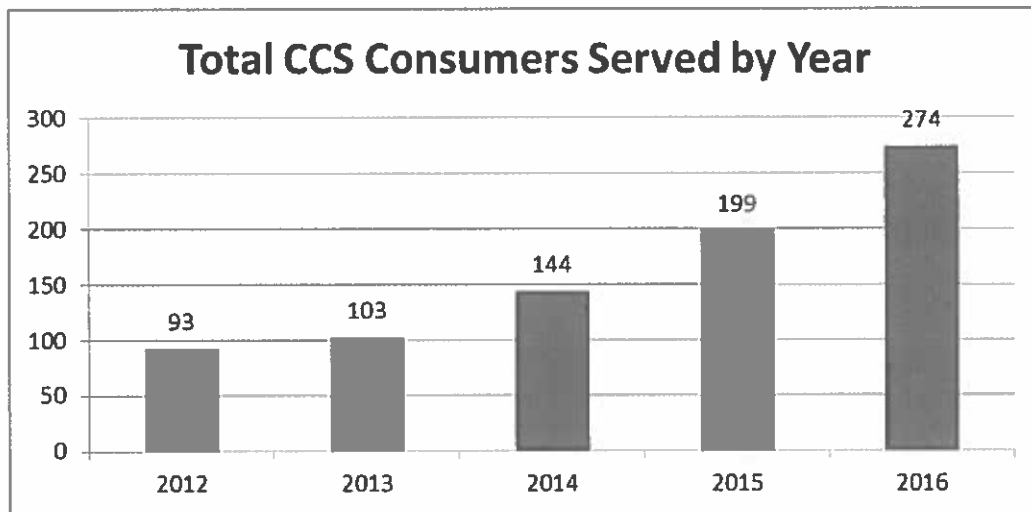
An event was held at the University of Wisconsin-Green Bay to provide training to law enforcement, medical providers, department staff, school staff, and other community agencies related to detecting, reporting and investigating sentinel injuries in young children. The training was titled Marks that Matter--Detection of Physical Abuse in Young Children, and featured Dr. Lynn Sheets for the first part of the day. Dr. Sheets is a recognized expert in the area of child abuse, and Medical Director of Children's Hospital and Health System's Child Advocacy and Protection Services. The afternoon featured a panel of presenters who discussed the different roles and responsibilities for Child Protection, Law Enforcement, Medical staff, Child Advocacy Centers, followed by an in-depth case presentation by Child Protective Services and Law Enforcement about what it is like to collaborate on assessing and investigating child abuse.

Adult Behavioral Health

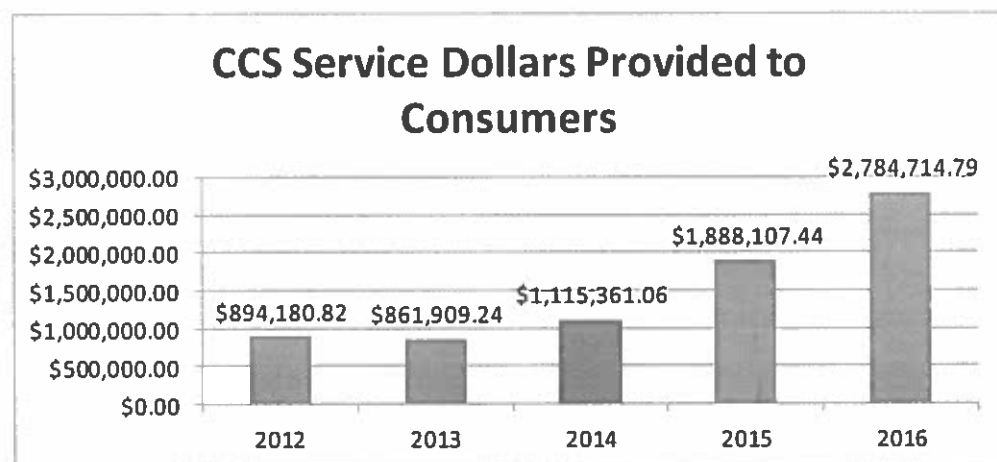
I wanted to take a little space to highlight Comprehensive Community Services (CCS). CCS is a recovery based program for adults and children who need ongoing services for a mental health needs, substance use, or a dual diagnosis beyond occasional outpatient care, but less than the intensive care provided in an inpatient setting. Service facilitation is provided by department staff members, and services are generally provided through contracts with community providers.

This program has grown considerably over the past five years, and has evolved from an individual county administered program to a regional collaborative program. The number of consumers served over the past five years is represented in the chart that follows on the next page:





The consumers being served by the program do benefit from having more services associated with mental health and substance use recovery services available to them. This can help prevent the use of more intensive interventions, such as inpatient care. The total service dollars in this program area are presented in the next chart below:



Mental Health Initiatives:

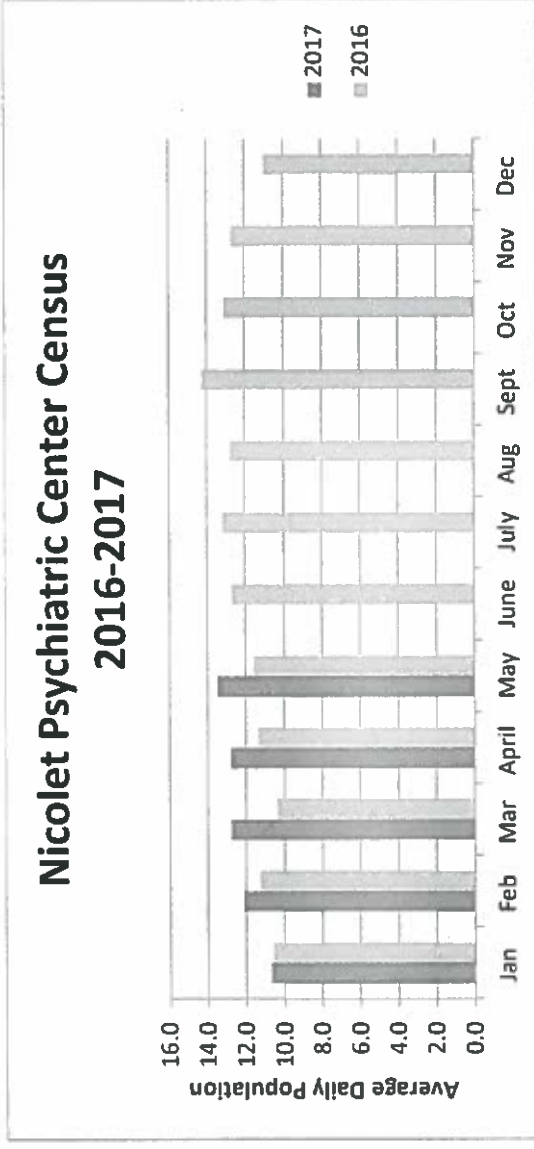
There has been more utilization of some components of the Mental Health Initiatives recently. The Day Report Center is now over 100 participants, and has started to report people successfully completing supervision. Residential treatment utilization has also increased since the first quarter.

Community Treatment Center:

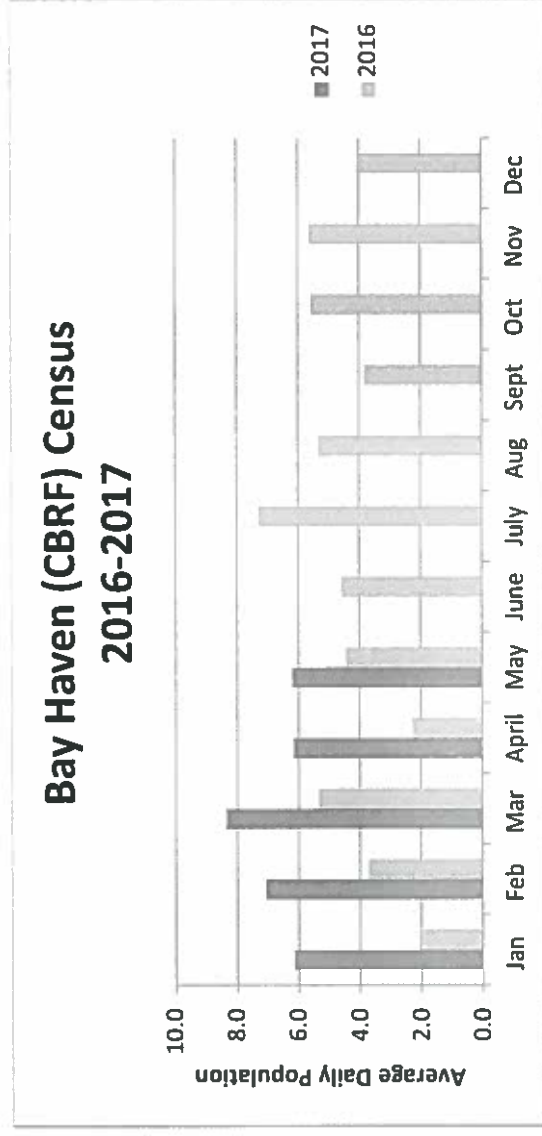
We continue to see higher utilization in the residential units of the Community Treatment Center, and a summary report with corresponding charts is attached.

Community Treatment Center (CTC) Census Overview

The chart to the right presents the monthly census at the Nicolet Psychiatric Center (NPC) for 2017, with a comparison to 2016. This is an average daily population for each month. There is an overall increasing trend in the number of people served on the unit for 2017, and a slightly higher average daily census compared to 2016. In addition, the length of stay is 6 days for 2017 compared to 4 days in 2016, with May higher at 8 days for an average stay.



The next chart to the right presents the monthly census at Bay Haven, the Community Based Residential Facility (CBRF) for 2017, with a comparison to 2016. This is an average daily population for each month. We continue to see census improvements in 2017 month over month, and a significantly higher average daily census compared to 2016.



BROWN COUNTY HEALTH & HUMAN SERVICES

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Phone (920) 448-6000 Fax (920) 448-6166

Erik Pritzl, Executive Director

To: Human Services Board and Human Services Committee

Date: June 8, 2017

Subject: YTD 4/30/17 Financial Results for Community Treatment Center and Community Services

Community Treatment Center

Results for CTC as of 4/30/17 are overall unfavorable compared to the adopted budget by approximately \$66,000 on a YTD basis. This includes revenues at 32.5% of budget which is close to the 33% anticipated after 4 months of operations, but slightly unfavorable due to lower CBRF revenues because of the significant change in billing method required for Crisis services which was not known during budget preparation. This impact is offset by higher than budgeted census for both NPC and Bay Haven as noted below. Also, the amended budget includes \$176,000 for proceeds received from insurance to replace the nurse call system. This revenue is not yet recorded, but will be soon as related expenditures are made.

Expenses are over budget by approximately 0.5% YTD due primarily to staffing costs related to 1:1 care needs campus wide but primarily at the CBRF in 2017. Also, equipment non-outlay expense is high in the early part of the year due to purchases of specialty beds to decrease rental costs which were high in 2016.

2017 YTD census compared to budget is as follows:

	<u>April YTD</u>	<u>2017 Budget</u>
Bayshore Village	61.3	61.7
Nicolet Psychiatric Center	12.0	11.5
Bay Haven CBRF	6.8	3.6

Community Services

Even though overall revenues and expenses are both at 34% of the annual budget as of 4/30/17 overall YTD results for Community Services show an overall unfavorable variance of approximately \$260,000 or 0.5% compared to budget due to rounding. This is due primarily to intra-county charges including those from technology services which have been high during the first 4 months of the year but are anticipated to come down over the course of the year, also purchased services which include significant estimates at this point in the year and these tend to be conservative.

Overtime pay is also high compared to budget but this is more than offset by lower regular pay due to open positions resulting in overall personnel costs well below the budgeted level.

Respectfully Submitted,

Eric Johnson
Finance Manager



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Community Services

Through 04/30/17
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 201 - CP									
REVENUE									
Property taxes	15,543,199.00	.00	15,543,199.00	1,295,266.58	.00	5,181,066.32	10,362,132.68	33	5,416,629.00
Intergov Revenue	32,595,732.00	162,800.00	32,758,532.00	3,284,308.86	.00	11,118,895.21	21,639,636.79	34	10,623,654.42
Public Charges	2,002,522.00	.00	2,002,522.00	154,136.16	.00	616,412.97	1,386,109.03	31	738,252.16
Miscellaneous Revenue	169,100.00	.00	169,100.00	(22,119.12)	.00	73,556.93	95,543.07	43	167,055.67
Other Financing Sources	1,154,275.00	.00	1,154,275.00	96,189.58	.00	384,758.32	769,516.68	33	166,667.00
REVENUE TOTALS	\$51,464,828.00	\$162,800.00	\$51,627,628.00	\$4,807,782.06	\$0.00	\$17,374,689.75	\$34,252,938.25	34%	\$17,112,258.25
EXPENSE									
Personnel Costs	18,538,793.00	.00	18,538,793.00	1,446,036.67	.00	5,961,530.58	12,577,262.42	32	6,016,142.98
Operating Expenses	32,881,574.00	230,200.00	33,111,774.00	3,293,177.78	22,370.76	11,701,829.43	21,387,573.81	35	11,293,883.06
Outlay	44,461.00	7,600.00	52,061.00	.00	.00	47,380.60	4,680.40	91	(165.00)
EXPENSE TOTALS	\$51,464,828.00	\$237,800.00	\$51,702,628.00	\$4,739,214.45	\$22,370.76	\$17,710,740.61	\$33,969,516.63	34%	\$17,309,861.04
Fund 201 - CP Totals									
REVENUE TOTALS	51,464,828.00	162,800.00	51,627,628.00	4,807,782.06	.00	17,374,689.75	34,252,938.25	34%	17,112,258.25
EXPENSE TOTALS	51,464,828.00	237,800.00	51,702,628.00	4,739,214.45	22,370.76	17,710,740.61	33,969,516.63	34%	17,309,861.04
Fund 201 - CP Totals	\$0.00	(\$75,000.00)	(\$75,000.00)	\$68,567.61	(\$22,370.76)	(\$336,050.86)	\$283,421.62		(\$197,602.79)
Grand Totals									
REVENUE TOTALS	51,464,828.00	162,800.00	51,627,628.00	4,807,782.06	.00	17,374,689.75	34,252,938.25	34%	17,112,258.25
EXPENSE TOTALS	51,464,828.00	237,800.00	51,702,628.00	4,739,214.45	22,370.76	17,710,740.61	33,969,516.63	34%	17,309,861.04
Grand Totals	\$0.00	(\$75,000.00)	(\$75,000.00)	\$68,567.61	(\$22,370.76)	(\$336,050.86)	\$283,421.62		(\$197,602.79)

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Community Treatment Center

Through 04/30/17
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year YTD
Fund 630 - CTC									
REVENUE									
Property taxes	3,001,525.00	.00	3,001,525.00	250,127.08	.00	1,000,508.32	2,001,016.68	33	932,339.68
Intergov Revenue	4,187,641.00	.00	4,187,641.00	343,834.51	.00	1,282,410.13	2,905,230.87	31	1,357,168.38
Public Charges	3,916,969.00	.00	3,916,969.00	361,040.48	.00	1,317,094.80	2,599,874.20	34	1,254,681.44
Miscellaneous Revenue	1,607,461.00	176,000.00	1,783,461.00	136,125.92	.00	593,214.69	1,190,246.31	33	601,253.34
Other Financing Sources	.00	.00	.00	.00	.00	.00	.00	+++	6,397.20
REVENUE TOTALS	\$12,713,596.00	\$176,000.00	\$12,889,596.00	\$1,091,127.99	\$0.00	\$4,193,227.94	\$8,696,368.06	33%	\$4,151,840.04
EXPENSE									
Personnel Costs	9,013,720.00	.00	9,013,720.00	739,273.30	.00	2,957,566.42	6,056,153.58	33	3,066,317.04
Operating Expenses	4,392,905.00	.00	4,392,905.00	322,898.79	10,444.00	1,498,108.78	2,884,352.22	34	1,446,582.94
Outlay	6,000.00	.00	6,000.00	36,538.62	.00	36,538.62	(30,538.62)	609	.00
EXPENSE TOTALS	\$13,412,625.00	\$0.00	\$13,412,625.00	\$1,098,710.71	\$10,444.00	\$4,492,213.82	\$8,909,967.18	34%	\$4,512,899.98
Fund 630 - CTC Totals	\$13,412,625.00	\$176,000.00	\$12,889,596.00	\$1,091,127.99	\$0.00	\$4,193,227.94	\$8,696,368.06	33%	\$4,151,840.04
Grand Totals	\$12,713,596.00	\$176,000.00	\$12,889,596.00	\$1,091,127.99	\$0.00	\$4,193,227.94	\$8,696,368.06	33%	\$4,151,840.04
EXPENSE TOTALS	\$13,412,625.00	\$0.00	\$13,412,625.00	\$1,098,710.71	\$10,444.00	\$4,492,213.82	\$8,909,967.18	34%	\$4,512,899.98
Grand Totals	\$12,713,596.00	\$176,000.00	\$12,889,596.00	\$1,091,127.99	\$0.00	\$4,193,227.94	\$8,696,368.06	33%	\$4,151,840.04

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CTC – BAYSHORE VILLAGE “MEGA RULE” REGULATION REFORM

**HUMAN SERVICE BOARD MEETING
June 8th, 2017**

CMS's Intended Themes for the “Mega Rule” Reform

- ◉ Strengthening the Rights of Residents
- ◉ Competency-Based Staff Training
- ◉ Adequately Staffing for Specific Resident Population Needs
- ◉ Ensuring Proper Care and Discharge Planning
- ◉ Enhancing the Infection Prevention and Control Programs
- ◉ Alignment with Current HHS focused initiatives
- ◉ Promoting Person-Centered Care

Current HHS Initiatives

- Reducing unnecessary hospital readmissions
- Reducing the incidences of healthcare acquired infections
- Improving behavioral healthcare
- Safeguarding nursing home residents from the use of unnecessary psychotropic (antipsychotic) medications

Nursing Home – CMS Mega Rule

- 713 page skilled nursing facility regulation reform
- Three year/Three Phased Change
- CMS's estimation of cost for providers to maintain compliance per average facility:

Phase 1 - \$62,900

Phase 2 - \$55,000

Phase 3 - \$55,000

Phase 1 Requirements

- *Effective November 28, 2016*
- *CMS estimation of cost per facility to implement is \$62,900*
- ✓ Updated Regulatory Definitions: (Exploitation, Adverse Events, Person-Centered Care)
- ✓ Resident Rights (Resident Representative, Same-Sex Spouse, Visitation Access, Grievance Resolution)

Phase 1 (continued)

- ✓ Freedom from Abuse, Neglect and Exploitation (Expansion of Employment Prohibition for individuals with a history of legal charges, timeliness of reporting)
- ✓ Admission, Transfers, and Discharge Rights (policy and procedure guidelines, new compliance elements on transition medical documentation)
- ✓ Resident Assessments (front-line staff documented involvement, PASRR submission and specialized services planning)

Phase 1 (continued)

- ✓ Comprehensive Resident Centered Care Planning (Comprehensive Care plan finalized within 48 hours of admission, demonstration of Nurse Aid involvement)
- ✓ Quality of Care & Quality of Life (person-centered, discharge and post-discharge plan of care)
- ✓ Physician Services (more delegation to PAs, NPs, Dietitians, and Therapists)

Phase 1 (continued)

- ✓ Nursing Services (Facility-wide acuity based assessment and staff competency plan)
- ✓ Behavioral Health Services (competency validations programs for staff training)
*Relias, Behavioral Health Partnership
- ✓ Pharmacy Services (gradual does reduction, physician/pharmacist documentation)

Phase 1 (continued)

- ✓ Lab, Radiology, & Other Diagnostics (expansion of PA/NP ordering and evaluation, increase expectations on medical documentation on result verification)
- ✓ Dental Services (increased expectations on provider responsibility for lost/damaged dentures)
- ✓ Food and Nutrition (ethical/cultural menu assessments, food code/safe serve updates, allergies and food intolerance accommodations)

Phase 1 (continued)

- ✓ Special Rehab Services (Respiratory Services added, CMS exclusion checks on contracted providers)
- ✓ Administration (NHA reports and is directly accountable to governing body)
*Governing Body responsibility in QAPI in Phase 3
- ✓ QAPI (Membership and Structure) *
More Focus in Phase 2 & 3

Phase 1 (continued)

- ✓ Infection Control (Requires a trained Infection Preventionist, who is on the QAPI team, new Infection Control Committee Requirements)
- ✓ Physical Environment (Safety Policy and Procedure Updates)
- ✓ Training Requirements (Trained Feeding Assistants; More Phase 2 & 3 elements)

Key Resource - Leading Age Association Membership

- As a member of Leading Age Wisconsin, we have access to essential support resources
- Pathways Health, Inc. was hired to build a sample tools website for Phase 1,2,3 requirements and guidance

Leading Age Wisconsin SNF Mega Rule Tools & Resources:

<http://www.leadingagewi.org/members-subscribers>
<http://www.leadingagewi.org/media/39000/MegaRulePhasel.pdf>

“Mega Rule” Phase 2 & 3

- Effective November 28, 2017
- CMS estimates the average cost of implementation to providers to be **\$55,000** per facility for each additional phase in the coming two years

“Mega Rule” - Phase 2 & 3

- Behavioral Health Services
- Quality Assurance and Performance Improvement - QAPI Assessment and Planning
- Infection Control – Facility Assessment and Antibiotic Stewardship
- Compliance and Ethics Committee
- Physical Environment Safety Assessment and Planning
- Additional Requirement Expansion to Phase 1 Areas of Service

Questions

